

111

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51		/		
2		/					52		/		
3	/						53		/		
4	/						54		3		
5	/						55		3		
6		3					56		3		
7		3					57		3		
8		/					58		2		
9		/					59		2		
10		/					60				
11		/					61				
12		/					62				
13		/					63				
14		/					64				
15		3					65				
16		3					66				
17		3					67				
18		3					68				
19		/					69				
20		/					70				
21		/					71				
22		/					72				
23		/					73				
24		/					74				
25		/					75				
26		/					76				
27		/					77				
28		/					78				
29		/					79				
30		/					80				
31		/					81				
32		/					82				
33		/					83				
34		/					84				
35		/					85				
36		/					86				
37		/					87				
38		/					88				
39		/					89				
40		/					90				
41		/					91				
42		3					92				
43		3					93				
44		3					94				
45		3					95				
46		3					96				
47		3					97				
48		3					98				
49		3					99				
50		3					100				
TOTAL IND.							TOTAL IND.	4			
TOTAL DEP.							TOTAL DEP.	111			
TOTAL CLAIMS							TOTAL CLAIMS	115			